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PATENTS

Attorney Docket No. 25658-0002

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the US Postal Service as first class mail in an envelope addressed to Commissioner of Patents, Washington DC 20231, on January 22, 2002.

Derek P. Freyberg
Derek P. Freyberg, Reg. No. 29,250

1/22/02 Date

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Terrence R. Green et al. :

App. No.: 09/336,392 : Art Unit: 1616

Filed: June 18, 1999 : Examiner: Robert M. DeWittty

For: Medical device having anti-infective and contraceptive properties

Commissioner for Patents
Washington, DC 20231

Sir:

02/25/2002 MWOLDER1 00000099 09336392

01 FC:228

980.00 OP

TRANSMITTAL LETTER

Transmitted herewith for filing in the above-entitled patent application are the following:

1. Response to Office Action
2. Change of Correspondence Address
3. Check (\$980)

A return postcard is enclosed for the office to acknowledge receipt.

[X] **Petition For Extension Of Time**

Applicant(s) hereby petition(s) for an extension of time under 37 CFR 1.136(a) to respond to the Office Action mailed July 20, 2001, for:

- | | | |
|-----|--------------------|-----------|
| [] | one month | \$55.00 |
| [] | two months | \$200.00 |
| [] | three months | \$460.00 |
| [] | four months | \$720.00 |
| [X] | five months | \$980.00. |

Fee

- [X] There is no increase in the number of independent, dependent or multiple dependent claims beyond those previously paid for.
- [] There is an increase in the number of independent, dependent or multiple dependent claims beyond those previously paid for. The required fee is calculated below.

Claims Remaining After Amendment: ____ Total, ____ Independent
Highest No. Previously Paid For: ____ Total, ____ Independent

Additional independent claims above 3: ____ @ \$42 each ... 0.00
Additional claims above 20: ____ @ \$9 each 0.00
Multiple Dependency Fee: \$140 0.00

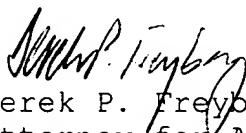
PLUS Extension of Time Fee: 980.00
PLUS Fee for IDS 0.00
PLUS Fee for Terminal Disclaimer: 0.00
TOTAL FEE DUE: \$980.00

- [X] A check for **\$980.00** is enclosed.

Deposit Account Authorization

- [X] Please charge any additional fees that may be required, or credit any overpayment to Deposit Account No. 08-1641, referring to 24448-0013. This is not, however, an authorization to pay the issue fee. A duplicate of this document is enclosed.

Respectfully submitted,


Derek P. Freyberg
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January 22, 2002